

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

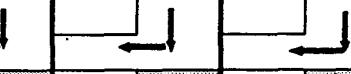
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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2		1				
3		1				
4		1				
5		3				
6		1				
7		1				
8		2				
9		1				
10	1					
11		1				
12		1				
13		1				
14		3				
15		1				
16		1				
17		2				
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20		1				
21		1				
22		1				
23		3				
24		1				
25		1				
26		2				
27		1				
28	1					
29		1				
30		1				
31		1				
32		3				
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35		2				
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50						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

44
11
45



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

44
11
45